CONFERENCE COMMITTEE REPORT DIGEST FOR EHB 1503

Citations Affected: IC 16-35-7; IC 16-37-1-9; IC 25-22.5-2-7; IC 31-33; IC 36-2-14.

Synopsis: Child deaths and coroners. Conference committee report for EHB 1503. Requires the state department of health to adopt rules for hospitals and physicians to identify suspicious deaths of children. Provides that the medical licensing board may certify certain physicians as a child death pathologist. Provides that the medical licensing board may approve an annual training program for pathologists concerning procedures for child death investigations. Requires a hospital, physician, coroner, or mental health professional to provide certain records requested by a local child fatality review team or the statewide child fatality review committee. Provides that a pathologist appointed to a local child fatality review team or the statewide child fatality review committee shall be certified in forensic pathology. Provides that data collected regarding an investigation by a local child fatality review team or the statewide child fatality review committee shall be provided to the appropriate coroner or pathologist who performed an autopsy. Requires a child death pathologist (CCDP) to: (1) consult with the coroner; (2) conduct certain autopsies; and (3) perform certain duties. Requires a coroner to notify a local child fatality review team or the statewide child fatality review committee of: (1) certain deaths of children; and (2) a possible SIDS death. Provides procedures to be followed if a coroner and a CCDP do not agree on whether an autopsy of a person less than 18 years of age is necessary. Increases the coroners continuing education fee to \$1.75 and raises the fee by \$0.25 in 2013 and every five years thereafter. Provides that a coroner shall file a certificate of death with a county health department within a specified time frame. Removes a provision allowing a coroner to employ the services of the medical examiner system. Provides that a parent or guardian of a child who died shall receive a copy of the autopsy report upon request. Provides that an autopsy report provided to the department of child services, a local child fatality review team, or the statewide child fatality review team is confidential. Provides that if a local child fatality review team or the statewide child fatality review committee requests certain records from a hospital, physician, coroner, or mental health professional, the requested records are subject to laws concerning privileged communications of health care provider peer review committees. Provides that, upon request, a hospital shall provide to a coroner a blood or tissue sample of an individual who is admitted or was admitted to the hospital and on whom the coroner performs a death investigation. Removes requirement that a coroner shall request the state police to ensure that persons entering certain data into certain databases have appropriate training to understand the information being entered. Requires a coroner to follow the Uniform Anatomical Gift Act concerning organ and

tissue procurement. Changes knowingly or intentionally failing to notify a coroner or law enforcement agency of the discovery of the body of a person who died from violence or in an apparently suspicious, unusual, or unnatural manner from a Class B infraction to a Class A misdemeanor if it is done with intent to hinder a criminal investigation. Makes it a Class D felony for a person, with intent to hinder a criminal investigation and without the permission of a coroner or a law enforcement officer, to knowingly or intentionally alter the scene of death of a person who has died from violence or in an apparently suspicious, unusual, or unnatural manner. (Current law provides that it is a Class D felony if a person moves or transports the body.) Makes it a Class B infraction for a person to knowingly or intentionally fail to notify a coroner or law enforcement agency of the discovery of the body of a child less than 3 years old who has died. Makes conforming amendments. Repeals provisions: (1) allowing a coroner to issue a warrant for the arrest of an individual whom the coroner is charging with a felony; and (2) requiring a coroner or a coroner's representative to attend meetings of the commission on forensic sciences when invited. (This conference committee report: (1) provides that the medical licensing board may certify child death pathologists, including certain physicians certified by the American Board of Pathology or another certifying organization; (2) removes language providing that a forensic pathologist is considered qualified as a child death pathologist; (3) removes language allowing a local child fatality review team or the statewide child fatality review team to subpoena certain documents and instead requires a hospital, physician, coroner, or mental health professional to provide certain documents requested by a local child fatality review team or the statewide child fatality review committee; (4) removes language requiring a coroner to obtain court approval to make an autopsy report confidential; (5) allows a parent or guardian of a child who died to receive a copy of the autopsy report upon request; (6) provides that an autopsy report provided to the department of child services, a local child fatality review team, or the statewide child fatality review committee is confidential; (7) specifies the certification necessary to be a child death pathologist; (8) provides that a pathologist appointed to a local child fatality review team or the statewide child fatality review committee shall be certified in forensic pathology; (9) provides that data collected regarding an investigation by a local child fatality review team or the statewide child fatality review committee shall be provided to the appropriate coroner or pathologist who performed an autopsy; (10) provides that a person who fails to immediately notify a coroner or law enforcement of the discovery of a child less than 3 years of age commits a Class B infraction; (11) provides that the medical licensing board shall consult with certain pathologists regarding annual training programs for pathologists; (12) provides that if a local child fatality review team or the statewide child fatality review committee requests certain records from a hospital, physician, coroner, or mental health professional, the requested records are subject to laws concerning privileged communications of health care provider peer review committees; (13) provides that, upon request, a hospital shall provide to a coroner a blood or tissue sample of an individual who is admitted or was admitted to the hospital and on whom the coroner performs a death investigation; and (14) removes language from HEA 1306 concerning the requirement that a coroner shall request the state police to ensure that person entering certain data into certain databases have appropriate training to understand the information being entered.)

Effective: July 1, 2007.

CONFERENCE COMMITTEE REPORT

MADAM PRESIDENT:

Your Conference Committee appointed to confer with a like committee from the House upon Engrossed Senate Amendments to Engrossed House Bill No. 1503 respectfully reports that said two committees have conferred and agreed as follows to wit:

that the House recede from its dissent from all Senate amendments and that the House now concur in all Senate amendments to the bill and that the bill be further amended as follows:

1	Delete everything after the enacting clause and insert the following:
2	SECTION 1. IC 16-35-7 IS ADDED TO THE INDIANA CODE AS
3	A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
4	1, 2007]:
5	Chapter 7. Deaths of Children
6	Sec. 1. The state department may receive funds from any source
7	and expend the funds for the administration of this chapter.
8	Sec. 2. The state department shall adopt rules under IC 4-22-2
9	requiring hospitals and physicians to identify suspicious deaths of
10	children who are less than eighteen (18) years of age.
11	Sec. 3. (a) The medical licensing board may adopt rules under
12	IC 4-22-2 to certify a child death pathologist and to require special
13	training to conduct autopsies on child fatalities.
14	(b) A child death pathologist must be a physician:
15	(1) who is certified by the American Board of Pathology in
16	forensic pathology;
17	(2) who is certified in anatomic pathology by:
18	(A) the American Board of Pathology; or
19	(B) another certifying organization that:
20	(i) is comparable to the American Board of Pathology in
21	its adherence to nationally or internationally recognized
22	certification standards; and

1	(ii) has been approved and recognized by the medical
2	licensing board;
3	and has received special training in the area of child fatalities
4	that has been approved by the medical licensing board; or
5	(3) who has received certification in the area of forensic
6	pathology or child death pathology by a certifying
7	organization that:
8	(A) is comparable to the American Board of Pathology in
9	its adherence to nationally or internationally recognized
10	certification standards; and
11	(B) that has been approved and recognized by the medical
12	licensing board.
13	(c) The medical licensing board may approve an annual training
14	program or provide a training program for pathologists
15	concerning new procedures for child death investigations for
16	physicians who want to become child death pathologists under
17	subsection (b)(2). In approving or providing a training program,
18	the medical licensing board shall consult and coordinate with
19	pathologists who have received:
20	(1) certification in forensic pathology by the American Board
21	of Pathology; or
22	(2) a comparable certification in forensic pathology.
23	SECTION 2. IC 16-37-1-9 IS AMENDED TO READ AS
24	FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 9. (a) A local health
25	department may make a charge under IC 16-20-1-27 for each certificate
26	of birth, death, or stillbirth registration.
27	(b) If the local department of health makes a charge for a certificate
28	of death under subsection (a), a one dollar (\$1) the coroners continuing
29	education fee described in subsection (d) must be added to the rate
30	established under IC 16-20-1-27. The local department of health shall
31	deposit any coroners continuing education fees with the county auditor
32	within thirty (30) days after collection. The county auditor shall
33	transfer semiannually any coroners continuing education fees to the
34	treasurer of state.
35	(c) Notwithstanding IC 16-20-1-27, a charge may not be made for
36	furnishing a certificate of birth, death, or stillbirth registration to a
37	person or to a member of the family of a person who needs the
38	certificate for one (1) of the following purposes:
39	(1) To establish the person's age or the dependency of a member
40	of the person's family in connection with:
41	(A) the person's service in the armed forces of the United
42	States; or
43	(B) a death pension or disability pension of a person who is
44	serving or has served in the armed forces of the United States.
45	(2) To establish or to verify the age of a child in school who
46	desires to secure a work permit.
47	(d) The coroners continuing education fee is:
48	(1) one dollar and seventy-five cents (\$1.75) after June 30,
49	2007, and before July 1, 2013;
50	(2) two dollars (\$2) after June 30, 2013, and before July 1,

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2018;

1	(3) two dollars and twenty-five cents (\$2.25) after June 30
2	2018, and before July 1, 2023;
3	(4) two dollars and fifty cents (\$2.50) after June 30, 2023, and
4	before July 1, 2028;
5	(5) two dollars and seventy-five cents (\$2.75) after June 30.
6	2028, and before July 1, 2033;
7	(6) three dollars (\$3) after June 30, 2033, and before July 1,
8	2038;
9	(7) three dollars and twenty-five cents (\$3.25) after June 30,
10	2038, and before July 1, 2043; and
11	(8) three dollars and fifty cents (\$3.50) after June 30, 2043.
12	SECTION 3. IC 25-22.5-2-7, AS AMENDED BY P.L.1-2006,
13	SECTION 447, IS AMENDED TO READ AS FOLLOWS
14	[EFFECTIVE JULY 1, 2007]: Sec. 7. (a) The board shall do the
15	following:
16	(1) Adopt rules and forms necessary to implement this article that
17	concern, but are not limited to, the following areas:
18	(A) Qualification by education, residence, citizenship,
19	training, and character for admission to an examination for
20	licensure or by endorsement for licensure.
21	(B) The examination for licensure.
22	(C) The license or permit.
23	(D) Fees for examination, permit, licensure, and registration.
24	(E) Reinstatement of licenses and permits.
25	(F) Payment of costs in disciplinary proceedings conducted by
26	the board.
27	(2) Administer oaths in matters relating to the discharge of its
28	official duties.
29	(3) Enforce this article and assign to the personnel of the agency
30	duties as may be necessary in the discharge of the board's duty.
31	(4) Maintain, through the agency, full and complete records of all
32	applicants for licensure or permit and of all licenses and permits
33	issued.
34	(5) Make available, upon request, the complete schedule of
35	minimum requirements for licensure or permit.
36	(6) Issue, at the board's discretion, a temporary permit to an
37	applicant for the interim from the date of application until the
38	next regular meeting of the board.
39	(7) Issue an unlimited license, a limited license, or a temporary
40	medical permit, depending upon the qualifications of the
41	applicant, to any applicant who successfully fulfills all of the
42	requirements of this article.
43	(8) Adopt rules establishing standards for the competent practice
44	of medicine, osteopathic medicine, or any other form of practice
45	regulated by a limited license or permit issued under this article.
46	(9) Adopt rules regarding the appropriate prescribing of Schedule
47	III or Schedule IV controlled substances for the purpose of weight
48	reduction or to control obesity.
49	(10) Adopt rules establishing standards for office based
50	procedures that require moderate sedation, deep sedation, or
51	general anesthesia.
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1	(b) The board may adopt rules that establish:
2	(1) certification requirements for child death pathologists;
3	(2) an annual training program for child death pathologists
4	under IC 16-35-7-3(b)(2); and
5	(3) a process to certify a qualified child death pathologist.
6	SECTION 4. IC 31-33-24-7, AS ADDED BY P.L.145-2006,
7	SECTION 287, IS AMENDED TO READ AS FOLLOWS
8	[EFFECTIVE JULY 1, 2007]: Sec. 7. (a) A child fatality review
9	consists of determining:
10	(1) whether similar future deaths could be prevented; and
11	(2) agencies or resources that should be involved to adequately
12	prevent future deaths of children.
13	(b) In conducting the child fatality review under subsection (a), the
14	local child fatality review team shall review every record concerning
15	the deceased child that is held by the department.
16	(c) If a local child fatality review team requests records from a
17	hospital, physician, coroner, or mental health professional
18	regarding a death that the local child fatality review team is
19	investigating, the hospital, physician, coroner, or mental health
20	professional shall provide the requested records, subject to
21	IC 34-30-15, to the child fatality review team.
22	SECTION 5. IC 31-33-24-9, AS ADDED BY P.L.145-2006,
23	SECTION 287, IS AMENDED TO READ AS FOLLOWS
24	[EFFECTIVE JULY 1, 2007]: Sec. 9. (a) A local child fatality review
25	team consists of the following members:
26	(1) A coroner or deputy coroner from the area served by the local
27	child fatality review team.
28	(2) A representative from:
29	(A) the health and hospital corporation of Marion County as
30	set forth in IC 16-22-8;
31	(B) a local health department established under IC 16-20-2; or
32	(C) a multiple county health department established under
33	IC 16-20-3;
34	from the area served by the local child fatality review team.
35	(3) A physician residing or practicing medicine in the area served
36	by the local child fatality review team.
37	(4) A representative of law enforcement from the area served by
38	the local child fatality review team.
39	(5) A representative from an emergency medical services provider
40	doing business in the area served by the local child fatality review
41	team.
42	(6) A director or manager of a local or regional office of the
43	department from the area served by the local child fatality review
44	team.
45	(7) A representative of the prosecuting attorney from the area
46	served by the local child fatality review team.
47	(8) A pathologist with forensic experience who is licensed to
48	practice medicine in Indiana and who, if feasible, is certified by
49	the American Board of Pathology in forensic pathology.
50	(9) A representative from a fire department or volunteer fire
51	department (as defined in IC 36-8-12-2) from the area served by

the local child fatality review team. 1 2 (b) If a local child fatality review team is established in one (1) 3 county, the legislative body that voted to establish the local child 4 fatality review team under section 6 of this chapter shall: 5 (1) adopt an ordinance for the appointment and reappointment of 6 members of the local child fatality review team; and 7 (2) appoint members to the local child fatality review team under 8 the ordinance adopted. 9 (c) If a local child fatality review team is established in a region, the 10 county legislative bodies that voted to establish the local child fatality 11 review team under section 6 of this chapter shall: 12 (1) each adopt substantially similar ordinances for the 13 appointment and reappointment of members of the local child 14 fatality review team; and 15 (2) appoint members to the local child fatality review team under the ordinances adopted. 16 17 SECTION 6. IC 31-33-24-15, AS ADDED BY P.L.145-2006, SECTION 287, IS AMENDED TO READ AS FOLLOWS 18 19 [EFFECTIVE JULY 1, 2007]: Sec. 15. (a) The department shall collect 20 and document information surrounding the deaths of children reviewed by local child fatality review teams. The department shall develop a 21 22 data collection form that includes: 23 (1) identifying and nonidentifying information; 24 (2) information regarding the circumstances surrounding a death; 25 (3) factors contributing to a death; and 26 (4) findings and recommendations. 27 (b) The data collection form developed under this section must also be provided to: 28 29 (1) the appropriate community child protection team; and 30 (2) as appropriate: (A) the health and hospital corporation of Marion County as 31 32 set forth in IC 16-22-8; (B) the local health department established under IC 16-20-2; 33 34 35 (C) the multiple county health department established under 36 IC 16-20-3; and 37 (3) the appropriate coroner and the pathologist who performed the autopsy on the child. 38 39 SECTION 7. IC 31-33-25-7, AS ADDED BY P.L.145-2006, SECTION 288, IS AMENDED TO READ AS FOLLOWS 40 41 [EFFECTIVE JULY 1, 2007]: Sec. 7. (a) A child fatality review 42 conducted by the statewide child fatality review committee under this chapter must consist of determining: 43 44 (1) whether similar future deaths could be prevented; and 45 (2) agencies or resources that should be involved to adequately 46 prevent future deaths of children. (b) In conducting the child fatality review under subsection (a), the 47 48 statewide child fatality review committee shall review every record 49 concerning the deceased child that is held by: 50 (1) the department of child services; or

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(2) a local child fatality review team.

1 (c) If the statewide child fatality review committee requests 2 records from a hospital, physician, coroner, or mental health 3 professional regarding a death that the statewide child fatality 4 review committee is investigating, the hospital, physician, coroner, 5 or mental health professional shall provide the requested records, 6 subject to IC 34-30-15, to the statewide child fatality review 7 committee. 8 SECTION 8. IC 31-33-25-8, AS ADDED BY P.L.145-2006, 9 SECTION 288, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 8. The statewide child fatality 10 review committee consists of the following members appointed by the 11 12 governor: (1) a coroner or deputy coroner; 13 14 (2) a representative from: 15 (A) the state department of health established by IC 16-19-1-1; 16 (B) a local health department established under IC 16-20-2; or 17 (C) a multiple county health department established under 18 IC 16-20-3; 19 (3) a pediatrician; 2.0 (4) a representative of law enforcement; 21 (5) a representative from an emergency medical services provider; 22 (6) the director or a representative of the department; 23 (7) a representative of a prosecuting attorney; 2.4 (8) a pathologist with forensic experience who is: 25 (A) certified by the American Board of Pathology in forensic pathology; and 26 27 (B) licensed to practice medicine in Indiana; 28 (9) a mental health provider; 29 (10) a representative of a child abuse prevention program; and 30 (11) a representative of the department of education. SECTION 9. IC 31-33-25-13, AS ADDED BY P.L.145-2006, 31 32 SECTION 288, IS AMENDED TO READ AS FOLLOWS 33 [EFFECTIVE JULY 1, 2007]: Sec. 13. (a) The department shall collect and document information surrounding the deaths of children reviewed 34 35 by the statewide child fatality review committee. The department shall develop a data collection form that includes: 36 (1) identifying and nonidentifying information; 37 (2) information regarding the circumstances surrounding a death; 38 39 (3) factors contributing to a death; and 40 (4) findings and recommendations. 41 (b) The data collection form developed under this section must also 42 be provided to: 43 (1) the appropriate community child protection team established 44 under IC 31-33-3; and 45 (2) the appropriate: 46 (A) local health department established under IC 16-20-2; or 47 (B) multiple county health department established under 48 IC 16-20-3; and 49 (3) the appropriate coroner and the pathologist who

SECTION 10. IC 36-2-14-1.5 IS ADDED TO THE INDIANA

performed the autopsy on the child.

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CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 1.5.** As used in this chapter, "child death pathologist" means a physician described in IC 16-35-7-3(b).

SECTION 11. IC 36-2-14-5.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 5.5. A child death pathologist shall:**

- (1) consult with a coroner concerning a death described in section 6.3(b) of this chapter;
- (2) conduct an autopsy of a child as described in sections 6.3(c) and 6.7(b) of this chapter; and
- (3) perform duties described in section 6.7(e) of this chapter. SECTION 12. IC 36-2-14-6, AS AMENDED BY SEA 271-2007, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 6. (a) Whenever the coroner is notified that a person in the county:
 - (1) has died from violence;
 - (2) has died by casualty;

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- (3) has died when apparently in good health;
- (4) has died in an apparently suspicious, unusual, or unnatural manner; or
- (5) has been found dead;

the coroner shall, before the scene of the death is disturbed, notify a law enforcement agency having jurisdiction in that area. The agency shall assist the coroner in conducting an investigation of how the person died and a medical investigation of the cause of death. The coroner may hold the remains of the decedent until the investigation of how the person died and the medical investigation of the cause of death are concluded.

- (b) The coroner:
 - (1) shall file with the person in charge of interment a coroner's certificate of death within seventy-two (72) hours after being notified of the death. If the cause of death is not established with reasonable certainty within seventy-two (72) hours, the coroner shall file with the person in charge of interment a coroner's certificate of death, with the cause of death designated as "deferred pending further action". As soon as the coroner determines the cause of death, the coroner shall file a supplemental report indicating the exact findings with the local health officer having jurisdiction, who shall make it part of the official records. a certificate of death with the county health department, or, if applicable, a multiple county health department, of the county in which the individual died, within seventy-two (72) hours after the completion of the death investigation;
 - (2) shall complete the certificate of death utilizing all verifiable information establishing the time and date of death; and
- (3) may file a pending investigation certificate of death before completing the certificate of death, if necessary.

- (c) If this section applies, the body and the scene of death may not be disturbed until the coroner has photographed them in the manner that most fully discloses how the person died. However, a coroner or law enforcement officer may order a body to be moved before photographs are taken if the position or location of the body unduly interferes with activities carried on where the body is found, but the body may not be moved from the immediate area and must be moved without substantially destroying or altering the evidence present.
- (d) When acting under this section, if the coroner considers it necessary to have an autopsy performed, is required to perform an autopsy under subsection (f), or is requested by the prosecuting attorney of the county to perform an autopsy, the coroner shall employ a: physician:
 - (1) **physician** certified by the American board of pathology; or
 - (2) holding an unlimited license to practice medicine in Indiana and pathology resident acting under the direction direct supervision of a physician certified in anatomic pathology by the American board of pathology;

to perform the autopsy. The physician performing the autopsy shall be paid a fee of at least fifty dollars (\$50) from the county treasury. A coroner may employ the services of the medical examiner system, provided for in IC 4-23-6-6, when an autopsy is required, as long as this subsection is met.

(e) If:

- (1) at the request of:
 - (A) the decedent's spouse;
 - (B) a child of the decedent, if the decedent does not have a spouse;
 - (C) a parent of the decedent, if the decedent does not have a spouse or children;
 - (D) a brother or sister of the decedent, if the decedent does not have a spouse, children, or parents; or
 - (E) a grandparent of the decedent, if the decedent does not have a spouse, children, parents, brothers, or sisters;
 - (2) in any death, where two (2) or more witnesses who corroborate the circumstances surrounding death are present; and (3) two (2) physicians who are licensed to practice medicine in the state and who have made separate examinations of the decedent certify the same cause of death in an affidavit within twenty-four (24) hours after death;

an autopsy need not be performed. The affidavits shall be filed with the circuit court clerk.

- (f) A county coroner may not certify the cause of death in the case of the sudden and unexpected death of a child who is at least one (1) week old and not more less than three (3) years old unless an autopsy is performed at county expense. However, a coroner may certify the cause of death of a child described in this subsection without the performance of an autopsy if subsection (e) applies to the death of the child.
- (g) After consultation with the law enforcement agency investigating the death of a decedent, the coroner shall do the

following:

- (1) Inform a crematory authority if a person is barred under IC 23-14-31-26(c) from serving as the authorizing agent with respect to the cremation of the decedent's body because the coroner made the determination under IC 23-14-31-26(c)(2) in connection with the death of the decedent.
- (2) Inform a cemetery owner if a person is barred under IC 23-14-55-2(d) from authorizing the disposition of the body or cremated remains of the decedent because the coroner made the determination under IC 23-14-55-2(d)(2) in connection with the death of the decedent.
- (3) Inform a seller of prepaid services or merchandise if a person's contract is unenforceable under IC 30-2-13-23(b) because the coroner made the determination under IC 30-2-13-23(b)(4) in connection with the death of the decedent.

SECTION 13. IC 36-2-14-6.3 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 6.3. (a) A coroner shall notify:**

- (1) the local child fatality review team; or
- (2) if the county does not have a local child fatality review team, the statewide child fatality review committee;

of each death of a person who is less than eighteen (18) years of age, or appears to be less than eighteen (18) years of age, and who has died in an apparently suspicious, unusual, or unnatural manner.

- (b) If a child less than eighteen (18) years of age dies in an apparently suspicious, unusual, or unnatural manner, the coroner shall consult with a child death pathologist to determine whether an autopsy is necessary. If the coroner and the child death pathologist disagree over the need for an autopsy, the county prosecutor shall determine whether an autopsy is necessary. If the autopsy is considered necessary, a child death pathologist or a pathology resident acting under the direct supervision of a child death pathologist shall conduct the autopsy within twenty-four (24) hours. If the autopsy is not considered necessary, the autopsy shall not be conducted.
- (c) If a child death pathologist and coroner agree under subsection (b) that an autopsy is necessary, the child death pathologist or a pathology resident acting under the direct supervision of a child death pathologist shall conduct the autopsy of the child.

SECTION 14. IC 36-2-14-6.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 6.7. (a) This section applies to a child who:**

- (1) died suddenly and unexpectedly;
- (2) was less than three (3) years of age at the time of death; and
- (3) was in apparent good health before dying.
- (b) A child death pathologist or a pathology resident acting under the direct supervision of a child death pathologist shall

1 conduct an autopsy of a child described in subsection (a). 2 (c) A county coroner may not certify the cause of death of a 3 child described in subsection (a) until an autopsy is performed at 4 county expense. 5 (d) The county coroner shall contact the parent or guardian of 6 a child described in subsection (a) and notify the parent or 7 guardian that an autopsy will be conducted at county expense. 8 (e) The child death pathologist shall: 9 (1) ensure that a tangible summary of the autopsy results is 10 provided; 11 (2) provide informational material concerning sudden infant 12 death syndrome; and 13 (3) unless the release of autopsy results would jeopardize a 14 law enforcement investigation, provide notice that a parent or 15 guardian has the right to receive the preliminary autopsy 16 results; 17 to the parents or guardian of the child within one (1) week after the 18 autopsy. 19 (f) If a parent or guardian of a child described in subsection (a) 20 requests the autopsy report of the child, the coroner shall provide 21 the autopsy report to the parent or guardian within thirty (30) days 22 after the: 23 (1) request; or 24 (2) completion of the autopsy report; 25 whichever is later, at no cost. 26 (g) A coroner shall notify: 27 (1) a local child fatality review team; or 28 (2) if the county does not have a local child fatality review 29 team, the statewide child fatality review committee; 30 of the death of a child described in subsection (a). 31 SECTION 15. IC 36-2-14-12.5, AS ADDED BY HEA 1306-2007, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 32 33 JULY 1, 2007]: Sec. 12.5. (a) A coroner shall make all reasonable 34 attempts to promptly identify human remains, including taking the 35 following steps: (1) Photograph the human remains before an autopsy is 36 37 conducted. (2) X-ray the human remains. 38 39 (3) Photograph items found with the human remains. 40 (4) Fingerprint the remains, if possible. 41 (5) Obtain tissue, bone, or hair samples suitable for DNA typing, 42 if possible. 43 (6) Collect any other information relevant to identification efforts. 44 (b) A coroner may not dispose of unidentified human remains or 45 take any other action that will materially affect the condition of the 46 remains until the coroner has taken the steps described in subsection 47 48 (c) If human remains have not been identified after thirty (30) days, 49 the coroner or other person having custody of the remains shall request 50 the state police to do the following:

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(1) Enter information that may assist in the identification of the

1 remains into: 2 (A) the National Crime Information Center (NCIC) data base; 3 4 (B) any other appropriate data base. 5 (2) Upload relevant DNA profiles from the remains to the missing 6 persons data base of the State DNA Index System (SDIS) and the National DNA Index System (NDIS) after completion of the DNA 7 8 analysis and other procedures required for data base entry. 9 (3) Ensure that a person who enters data relating to medical or 10 dental records in a data base has the appropriate training to understand and correctly enter the information. 11 12 (d) If unidentified human remains are identified as belonging to a 13 missing person, the coroner shall: 14 (1) notify the law enforcement agency handling the missing 15 persons case that the missing person is deceased; and 16 (2) instruct the law enforcement agency to make documented 17 efforts to contact family members of the missing person. 18 (e) No person may order the cremation of unidentified human 19 remains. SECTION 16. IC 36-2-14-17 IS AMENDED TO READ AS 20 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 17. (a) A person who 21 knowingly or intentionally fails to immediately notify the coroner or a 22 law enforcement agency of the discovery of the body of a person who: 23 24 has died: (1) has died from violence; or 25 (2) has died in an apparently suspicious, unusual, or unnatural 26 27 manner; or 2.8 (3) has died at less than three (3) years of age; 29 commits a Class B infraction. However, the failure to immediately 30 notify under this subsection is a Class A misdemeanor if the person 31 fails to immediately notify with the intent to hinder a criminal 32 investigation. 33 (b) A person who, with the intent to hinder a criminal 34 investigation and without the permission of the coroner or a law 35 enforcement officer, knowingly or intentionally moves or transports from alters the scene of death the body of a person who has died: 36 37 (1) from violence; or 38 (2) in an apparently suspicious, unusual, or unnatural manner; 39 commits a Class D felony. 40 SECTION 17. IC 36-2-14-18, AS AMENDED BY P.L.141-2006, 41 SECTION 113, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 18. (a) Notwithstanding 42 43 IC 5-14-3-4(b)(1), when a coroner investigates a death, the office of the 44 coroner is required to make available for public inspection and copying 45 the following: (1) The name, age, address, sex, and race of the deceased. 46 47 (2) The address where the dead body was found, or if there is no address the location where the dead body was found and, if 48 49 different, the address where the death occurred, or if there is no address the location where the death occurred.

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(3) The name of the agency to which the death was reported and

the name of the person reporting the death.

- (4) The name of any public official or governmental employee present at the scene of the death and the name of the person certifying or pronouncing the death.
- (5) Information regarding an autopsy (requested or performed) limited to the date, the person who performed the autopsy, where the autopsy was performed, and a conclusion as to:
 - (A) the probable cause of death;
 - (B) the probable manner of death; and
 - (C) the probable mechanism of death.
- (6) The location to which the body was removed, the person determining the location to which the body was removed, and the authority under which the decision to remove the body was made.
- (7) The records required to be filed by a coroner under section 6 of this chapter and the verdict and the written report required under section 10 of this chapter.
- (b) A county coroner or a coroner's deputy who receives an investigatory record from a law enforcement agency shall treat the investigatory record with the same confidentiality as the law enforcement agency would treat the investigatory record.
- (c) Notwithstanding any other provision of this section, a coroner shall make available a full copy of an autopsy report, other than a photograph, a video recording, or an audio recording of the autopsy, upon the written request of the next of kin of the decedent or of an insurance company investigating a claim arising from the death of the individual upon whom the autopsy was performed. The insurance company is prohibited from publicly disclosing any information contained in the report beyond that information that may otherwise be disclosed by a coroner under this section. This prohibition does not apply to information disclosed in communications in conjunction with the investigation, settlement, or payment of the claim.
- (d) Notwithstanding any other provision of this section, a coroner shall make available a full copy of an autopsy report, other than a photograph, a video recording, or an audio recording of the autopsy, upon the written request of:
 - (1) the director of the division of disability and rehabilitative services established by IC 12-9-1-1;
 - (2) the director of the division of mental health and addiction established by IC 12-21-1-1; or
 - (3) the director of the division of aging established by IC 12-9.1-1-1;

in connection with a division's review of the circumstances surrounding the death of an individual who received services from a division or through a division at the time of the individual's death.

- (e) Notwithstanding any other provision of this section, a coroner shall make available a full copy of an autopsy report, including a photograph, a video recording, or an audio recording of the autopsy, to:
 - (1) the department of child services established by IC 31-25-1-1, including an office of the department located in the county where the death occurred;

	13			
1	(2) the statewide child fatality review committee established			
2	by IC 31-33-25-6; or			
3	(3) a county child fatality review team or regional child			
4	fatality review team established under IC 31-33-24-6 by the			
5	county or for the county where the death occurred;			
6	for purposes of an entity described in subdivisions (1) through (3)			
7	conducting a review or an investigation of the circumstances			
8	surrounding the death of a child (as defined in IC 31-9-2-13(d)(1)			
9	and making a determination as to whether the death of the child			
10	was a result of abuse, abandonment, or neglect.			
11	(f) An autopsy report made available under subsection (e) is			
12	confidential and shall not be disclosed to another individual or			
13	agency, unless otherwise authorized or required by law.			
14	SECTION 18. IC 36-2-14-20 IS AMENDED TO READ AS			
15	FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 20. (a) As used in this			
16	section, "autopsy" means the external and surgical internal			
17	examination of all body systems of a decedent, including toxicology			
18	and histology.			
19	(b) Except as provided in subsection (b) and IC 4-24-4-1, if an			
20	Indiana resident:			
21	(1) dies in an Indiana county as a result of an incident that			
22	occurred in another Indiana county; and			
23	(2) is the subject of an autopsy performed under the authority and			
24	duties of the county coroner of the county where the death			
25	occurred;			
26	the county coroner shall bill the county in which the incident occurred			
27	for the cost of the autopsy, including the physician fee under section			
28	6(d) of this chapter.			
29	(b) (c) Except as provided in subsection (a) (b) and IC 4-24-4-1.			
30	payment for the costs of an autopsy requested by a party other than the			
31	(1) county prosecutor; or			
32	(2) county coroner;			
33	of the county in which the individual died must be made by the party			
34	requesting the autopsy.			
35	(c) (d) This section does not preclude the coroner of a county in			
36	which a death occurs from attempting to recover autopsy costs from the			
37	jurisdiction outside Indiana where the incident that caused the death			
38	occurred.			
39	SECTION 19. IC 36-2-14-22 IS ADDED TO THE INDIANA			
40	CODE AS A NEW SECTION TO READ AS FOLLOWS			

SECTION 19. IC 36-2-14-22 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 22. (a) Upon the request of a coroner who is conducting or will conduct a death investigation on an individual who is admitted or was admitted to a hospital, the hospital shall provide a sample of the individual's blood or tissue to the coroner.

 (b) A coroner does not need to obtain a warrant to request a blood or tissue sample under this section.

SECTION 20. IC 36-2-14-22.2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 22.2. A coroner shall follow the procedures set forth in IC 29-2-16.1 concerning organ and tissue**

- 1 procurement.
- 2 SECTION 21. THE FOLLOWING ARE REPEALED [EFFECTIVE
- 3 JULY 1, 2007]: IC 36-2-14-12; IC 36-2-14-14.

(Reference is to EHB 1503 as reprinted April 11, 2007.)

Conference Committee Report on Engrossed House Bill 1503

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LÌ		igned	by

Representative Orentlicher Senator Lawson C
Chairperson

Representative Summers Senator Simpson

House Conferees Senate Conferees